

INDIVIDUAL OR EMPLOYER'S QUARTERLY WITHHOLDING TAX RETURN  
NOTICE: THIS FORM MUST BE RETURNED WHETHER OR NOT YOU HAD EMPLOYEES DURING THIS QUARTER. UNDER  
ORDINANCE # 0-05-01-10-1. Notify Garrard Co Occupational License Fee Tax Administrator of any change in ownership of name and address shown above.

1. NUMBER OF TAXABLE EMPLOYEES	
2. TOTAL SALARIES, WAGES, COMMISSIONS, AND OTHER COMPENSATION PAID	\$
3. LESS COMPENSATION PAID FOR SERVICES OUTSIDE OF GARRARD CO OCCUPATIONAL LICE	
4. TAXABLE EARNINGS (ITEM 2 MINUS ITEM 3)	
5. ACTUAL TAX DUE IN QUARTER AT 1.00 %	\$
6. ADJUSTMENTS (PRIOR QUARTER)	
7. INTEREST ( 1% PER MONTH) AFTER DUE DATE	
8. PENALTY( 5% PER MONTH NOT TO EXCEED 25%)	
9. TOTAL TAXES DUE INCLUDING INTEREST PENALTY	

IF NO WAGES WERE PAID THIS QUARTER, MARK "NONE" AND RETURN THIS FORM WITH EXPLANATION.

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED  
HEREIN AND ANY SCHEDULES OR EXHIBITS ARE TRUE AND CORRECT.

SIGNED

OFFICIAL TITLE

DATE

**Garrard Co Occupational License Fee**

**QUARTERLY PAYROLL TAX**

Make Check Payable To: **Garrard Co Fiscal Court**

Name,  
Account No.,  
Address Of  
Employer

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VENDOR NO.	FOR QUARTER ENDING	DUE ON / OR BEFORE

ORIGINAL - RETURN TO

MAIL TO: **Garrard Co Occupational License Fee**  
**P O Box 595**  
**Lancaster, KY 40444**  
**Phone: (859) 792-3531**  
**Fax: (859) 792-2010**